

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee i360		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015 </div>	
Mailing Address PO Box 37046		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 1750.00 </div>	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.6124
Purpose of Expenditure Voter ID Software		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 0.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff	

Full Name of Payee Hunter Pickels		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015 </div>	
Mailing Address 6536 LaSalle Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 7500.00 </div>	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : SE.6125
Purpose of Expenditure Media Election Consulting		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 0.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9250.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9250.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014

Signature